

Akari Care Limited

Red Brick House

Inspection report

Victoria Terrace
Prudhoe
Northumberland
NE42 5AE

Tel: 01661830677

Date of inspection visit:
12 May 2022
18 May 2022

Date of publication:
24 June 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Red Brick House is a care home providing personal and nursing care to up to up to 50 people. The service provides support to mainly older people, some of whom are living with dementia-related conditions. At the time of our inspection there were 41 people using the service.

The home provided purpose-built accommodation across two floors. One floor mainly accommodated people with dementia and one floor mainly accommodated people who had nursing needs.

People's experience of using this service and what we found

Records about potential risks to people were not always in place or were not detailed enough. This meant staff did not always have guidance about the right support to reduce potential risks to people. The management team were aware of this and had begun to address this gap. We have made a recommendation about this.

People and relatives praised the friendly atmosphere in the home and described staff as helpful and kind. The home had a warm and welcoming culture. Staff were engaging with people.

People and relatives said the home was a safe place to live and staff were "very caring". People said staff came quickly when they requested support. There were enough staff to provide safe care, although staff said more staff would allow more quality time with people.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice. People said they were encouraged to make their own choices.

The home was clean and comfortable. The provider had sufficient equipment to reduce the spread of COVID-19, although screening of professional visitors had not always taken place.

Relatives said staff had kept them well-informed throughout the pandemic. The home had good links with the local community and worked alongside health and social care agencies to support the well-being of the people who live there.

The provider and management team were open and approachable. Staff said they felt supported by the new management team and enjoyed working at the home.

The provider carried out checks of the quality and safety of the service. The provider was committed to improvement and refurbishment programme was taking place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 August 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. In February 2022, we completed a direct monitoring activity, which involves gathering feedback from staff, relatives and people who use the service as well as looking at a wide range of documents. This identified some areas which were potentially of concern and needed further exploration. These were particularly around incidents between people and what risk management strategies were in place to reduce these.

The inspection was also prompted in part due to concerns received about staff practice in infection control. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Red Brick House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Red Brick House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Red Brick House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Red Brick House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The new manager had applied for registration and their application was being processed.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 11 February 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three residents and 14 relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 staff including the manager, regional manager, deputy manager, nurse, senior staff, care staff, housekeeping staff and activity co-ordinator. We contacted 10 other staff by email for their views.

We reviewed a range of records. This included nine people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

- Risks were not always monitored or managed. At the time of the inspection, some doors to storage rooms were not locked which presented a potential risk to people who might mistakenly enter those rooms. The manager addressed this immediately.
- Risk assessments were not always in place for people, including those at risk due to distressed reactions or skin integrity. Where some risk assessments were in place, these were not always sufficiently detailed to guide staff in a consistent approach. The management team were aware of risk assessments shortfalls and had plans to address this.
- The provider employed maintenance staff to carry out routine health and safety checks and external contractors to service equipment. Health and safety certificates were up to date.

We recommend the provider ensures risks to individual people are assessed and risk-reduction strategies are recorded so staff are guided in how to support people in the safest way.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely. Recent concerns about a small number of staff not wearing masks had been robustly investigated by the provider and appropriate actions taken.
- We were not always assured that the provider was preventing visitors from catching and spreading infections. Visiting professionals had not always been screened to ensure they were tested and symptom-free.
- The home was facilitating visits in line with the current government guidance at the time of the inspection visit. People and relatives were satisfied with the visiting arrangements.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect the people who lived at the home.
- Staff understood their responsibilities to report any concerns and had training in safeguarding people.
- People and relatives said they had no concerns about safety in the home. Their comments included, "Yes, I feel safe. The staff are lovely" and "I think it's safe, the staff are very caring."

Staffing and recruitment

- There were appropriately trained staff on duty to make sure people received the support they needed. Staff worked hard to make sure call bells were answered quickly. Some staff felt more staff would allow better quality support for people, especially at mealtimes.
- There was good staff presence in lounges to be on hand for people and people said they got timely support. For example, one person told us, "The staff look after us very well. They're very accommodating and if I need anything I just have to buzz and they come."
- The provider had systems for the safe recruitment of staff and had successfully appointed a number of new nurses and care staff. Sufficient checks were carried out prior to appointments to make sure staff were suitable to work with vulnerable people.

Using medicines safely

- Medicines were managed in a safe way. Staff had training and competency checks in medicines management.
- Medicines records were clear and up to date. A record was also kept if when people were given 'when required' medicines, such as simple pain relief, and whether these had been effective.
- The service had good contact with local GP and pharmacy support services. People's medicines were regularly reviewed by the relevant professionals so any changes could be made in a timely way.

Learning lessons when things go wrong

- The provider had a system to record accidents and incidents. These were reviewed by management staff to make sure appropriate actions were taken.
- Accidents, such as falls, were analysed for patterns and trends and support was provided to minimise the risk of recurrence. For example, some people were provided with sensor mats to alert staff when they were moving around.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive a person of their liberty if needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had been inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems to monitor the quality and safety of the service and set out actions where improvements could be made. An electronic care record system allowed senior managers to have live oversight of care delivery.
- The provider's checks were not always being followed or the records were missing, for example, some induction records for agency staff and some screening of professional visitors. These omissions had not always been identified through the provider's audits. The provider acted on these points immediately.
- There had been a change of management since the last inspection. The new manager had applied to be registered with the Commission and this was being processed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a welcoming, friendly atmosphere in the home and staff were attentive and compassionate towards people. Staff were knowledgeable about people's individual needs.
- People commented they were encouraged to make their own choices which made them feel empowered. They told us, "I'm happy that I live somewhere that I can make my own choices" and "Every morning they ask me what I want to do, when I want to get up, where I want to sit and so on. It's all my choice."
- Staff were very positive about the positive, caring culture in the home and attributed this to the current management leadership and staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour to be open and transparent with people about their care and treatment and with people acting on their behalf.
- The duty of candour also sets out some specific things providers must do when something goes wrong with person's care or treatment. This includes telling them what has happened, giving support, giving truthful information and apologising. The regional manager stated they were implementing a new letter template which would be used in response to any future notifiable safety incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People said they felt included in discussions about the service. A residents' meeting was held during this inspection and people were encouraged to give their candid views and suggestions. One person

commented, "The manager is very nice. I could tell her anything if I wasn't happy and not worry about it."

- Overall, relatives described communication with the service as good and said they had surveys and occasional meetings. They commented, "Staff are approachable" and "They keep us informed." One relative suggested there could be more regular communication, such as an email in between meetings.
- Staff said they felt very supported and valued by the current management team. Their comments included, "Very supportive. I can knock on [manager's] door any time and she will make time for me" and "[Manager] is professional, kind, caring and listens to the residents and staff."

Continuous learning and improving care

- The provider was committed to continuous improvement of the service. An electronic care system had been put in place and a programme of refurbishment was being carried out.
- Staff told us there had been significant improvements to the atmosphere since the change of management.

Working in partnership with others

- The service worked alongside other health and social care professionals who were involved in people's care. Relatives said the staff were "really good at liaising with other professionals".
- The service had great links with the local community, and this helped people to be included as citizens of the local town. This was being highly promoted by the new activity staff who was enthusiastic about re-establishing relationships with local groups such as schools and scouts.